

STATE OF COLORADO

COLORADO DEPARTMENT OF PUBLIC
HEALTH AND ENVIRONMENT
Water Quality Control Division
4300 Cherry Creek Drive South B2 Permits
Denver, Colorado 80246-1530

Received
AUG 08 2011
Water Quality Control



Colorado Department
of Public Health
and Environment

For Agency Use Only

Date Received ____/____/____

Effective Date ____/____/____

CHANGE OF CONTACT(s) for all PERMITS, CERTIFICATIONS, AND AUTHORIZATIONS

This form must be submitted for changes made to any of the contacts or information listed below.

PHOTO COPIES, FAXED COPIES, PDF COPIES OR EMAILS WILL NOT BE ACCEPTED.

PERMIT, CERTIFICATION, OR AUTHORIZATION NUMBER COR040054 (This number does not end in 0000)
(A separate form must be prepared for each Permit, Certification, or Authorization covered by these changes.)

PERMITTEE (If more than one please add additional pages)

ORGANIZATION FORMAL NAME: Sunnyside Gold Corporation

The legally responsible organization is either the owner or operator of the facility or project to which the permit has been issued, or both if designated as co-permittees by the Division.

FACILITY NAME Mayflower Mill

ENTER THE ALL OF THE INFORMATION FOR EACH CONTACT WHERE THERE IS A CHANGE.

1) **PERMITTEE** the person **authorized to sign and certify** the permit application. This person receives all permit correspondences and is **legally responsible** for compliance with the permit.

Responsible Position (Title): VP/General Manager Reclamation Operations

Currently Held By (Person): Mark Ioli

Telephone No: 775-823-8529

email address Mark.Ioli@kinross.com

Organization: Sunnyside Gold Corporation, % Kinross Gold USA, Inc.

Mailing Address: 5370 Kietzke Lane, Suite 102

City: Reno State: NV Zip: 89511

This form must be signed by the Permittee to be considered complete.

Per Regulation 61 In all cases, it shall be signed as follows:

- In the case of corporations, by a responsible corporate officer. For the purposes of this section, the responsible corporate officer is responsible for the overall operation of the facility from which the discharge described in the application originates.
- In the case of a partnership, by a general partner.
- In the case of a sole proprietorship, by the proprietor.
- In the case of a municipal, state, or other public facility, by either a principal executive officer or ranking elected official

- 2) **DMR COGNIZANT OFFICIAL (i.e. authorized agent)** the person or position authorized to **sign and certify** reports required by permits including Discharge Monitoring Reports [DMR's], Annual Reports, Compliance Schedule submittals, and other information requested by the Division. The Division will transmit pre-printed reports (ie. DMR's) to this person. If more than one, please add additional pages.

Responsible Position (Title): Reclamation Manager
 Currently Held By (Person): Larry Perino
 Telephone No: 208-583-2511 x231
 email address Larry.Perino@kinross.com
 Organization: Sunnyside Gold Corporation
 Mailing Address: PO Box 177
 City: Silverton State: CO Zip: 81433

Per Regulation 61 : All reports required by permits, and other information requested by the Division shall be signed by the permittee or by a duly authorized representative of that person. A person is a duly authorized representative only if:

- (i) The authorization is made in writing by the permittee
- (ii) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity such as the position of plant manager, operator of a well or a well field, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a **named individual** or any individual occupying a **named position**); and
- (iii) The written authorization is submitted to the Division

- 3) **SITE CONTACT** local contact for questions relating to the facility & discharge authorized by this permit for the facility.

Responsible Position (Title): Reclamation Manager
 Currently Held By (Person): Larry Perino
 Telephone No: 208-583-2511 x231
 email address Larry.Perino@kinross.com
 Organization: Sunnyside Gold Corporation
 Mailing Address: PO Box 177
 City: Silverton State: CO Zip: 81433

- 4) **OPERATOR in Responsible Charge**

Responsible Position (Title): VP/General Manager Reclamation Operations
 Currently Held By (Person): Mark Ioli
 Telephone No: 775-823-8529
 email address Mark.Ioli@kinross.com
 Organization: Sunnyside Gold Corporation, % Kinross Gold USA, Inc.
 Mailing Address: 5370 Kietzke Lane, Suite 102
 City: Reno State: NV Zip: 89511
 Certification Type _____ Certification Number _____

5) BILLING CONTACT if different than the permittee

Responsible Position (Title): _____
 Currently Held By (Person): _____
 Telephone No: _____
 email address _____
 Organization: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____

6) OTHER CONTACT TYPES (check below) Add pages if necessary:

Responsible Position (Title): _____
 Currently Held By (Person): _____
 Telephone No: _____
 email address _____
 Organization: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____



- | | |
|--|---|
| <input type="checkbox"/> Pretreatment Coordinator | <input type="checkbox"/> Compliance Contact |
| <input type="checkbox"/> Environmental Contact | <input type="checkbox"/> Stormwater MS4 Responsible Person |
| <input type="checkbox"/> Biosolids Responsible Party | <input type="checkbox"/> Stormwater Authorized Representative |
| <input type="checkbox"/> Inspection Facility Contact | <input type="checkbox"/> Property Owner |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Other _____ |

REQUIRED CERTIFICATION SIGNATURE [Reg 61.4(1)(h)]

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Signature (Legally Responsible Party)  Date 8/1/11

Name (printed) Mark Ioli Title VP/GM Reclamation Operations